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Can Control Banding be better than traditional Industrial Hygiene?

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Abstract:

The answer to this question should be ‘no’ if you can afford it and ‘yes’ if you cannot. However, Control Banding (CB) is proving itself in areas with uncertainties. This could be either a lack of knowledge – as with nanomaterials or when lacking an OEL – or with the lack of expertise, as can be seen with SMEs and in Economically Developing Countries (EDCs). Over 90% of the world’s workers do not have access to occupational safety, health, and hygiene (OSHH) professionals and traditional quantitative risk assessment methods to achieve prevention from acquiring work-related illness and injury. Although risk factors for work-related illness and disease are well known, until the recent growth of CB there had yet to be designed and implemented a comprehensive OSHH process that focuses on achieving minimization of these occupational risk factors for the vast majority of the global workforce. This problem exists for three primary reasons: (1) There are not a sufficient number of trained and qualified OSHH professionals worldwide to attempt to offer comparable levels of traditional services necessary to achieve prevention; (2) The vast majority of OSHH professionals, and the funds to afford their conventional approaches, are concentrated in Developed Countries, such as those in the EU and the US, whereas the greatest need for work-related disease, illness, and injury prevention lies within EDCs; and (3) Even within Developed Countries, the funding to acquire the services of OSHH professionals sits primarily within the largest of industries and governmental institutions. This problem renders a void of occupational risk management for the professions and trades within EDCs and similarly the SMEs within even the richest of Developed Countries. Further, conventional means to achieve such prevention rely heavily on exposure assessment sampling strategies that, although proven successful, are cost-prohibitive in these arenas.

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